Prince Edward Island PAP Screening Program

2003 Report

June 2004

Prince Edward Island
CANADA

Health and
Social Services

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Prince Edward Island PAP Screening Program

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Prince Edward Island
Pap Screening Program Advisory Committee

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Acknowledgements

The PEI Pap Screening Program would like to thank its partners: the PEI Division of the Canadian Cancer Society, the PEI Medical Society, the Women's Network of PEI, the Queen Elizabeth Hospital Cytology Laboratory, program Advisory Committee and working groups, and the Department of Health and Social Services, who have supported and contributed to this program.

Our hope is that this report provides an update on the PEI Pap Screening Program's progress, raises the awareness about the cervical cancer status in PEI, enhances decision making and assists in policy development.

Should you require further information or more copies of this report, please contact Heather MacMillan, PEI Pap Screening Program Coordinator:

Mail: PEI Pap Screening Program
Program Coordinator - Heather MacMillan
2nd Floor, 16 Garfield Street
PO Box 2000
Charlottetown, PE C1A 7N8

Phone: 368-4951

Email: *hmmacmillan@ihis.org*

Executive Summary

Cervical Cancer is largely preventable, yet in 2003 an estimated 1350 Canadian women were diagnosed with cervical cancer and 410 died from the disease. Studies have shown that about half of the women who develop cancer of the cervix have never had a Pap smear or have not had regular Pap smears. The PEI Pap Screening Program's main goal is to reduce the incidence and mortality from cervical cancer among Island women. The PEI Pap Screening Program was established in January 2001 to encourage regular Pap screening for cervical cancer. This report describes the activities in the third year of the program, January 1 to December 31, 2003. It also highlights the continued need for an organized approach to cervical cancer screening in PEI.

The program indicators available in this report are statistical measures of program performance that can be used to inform policy decisions and to assess program effectiveness. The PEI Pap Screening Program encourages regular screening at least every two years.

Highlights of the PEI Pap Screening Program's third year include the following:

- PEI's overall two year screening rate for women aged 20 to 69 remains at 58 per cent. The screening rate has been stable over the past nine years.

- The Pap Screening Clinic provided alternative access to screening for 1174 Island women in 2003, an increase from 993 in 2002. Since its inception on September 12, 2001, 2600 Island women have been screened by the clinic. Of the women screened by the clinic in 2003, 680 had attended one of 34 scheduled out-reach clinics held throughout the Island. A more effective communication strategy was implemented with clinics scheduled ahead of time.

- PEI's fourth Pap Awareness Week campaign was held October 19 to 26, 2003. The timing of the campaign was again coordinated with Nova Scotia and Newfoundland. The prime campaign goal was to increase awareness that cervical cancer can be prevented by regular Pap tests and to target women aged 50 and over. The key messages were delivered using a media blitz and promotional materials that maintained the visual identity of the original 2000 campaign.

- This year's campaign also included a successful collaboration with the Federated Women's Institute of PEI. Four information sessions were presented by physicians and the program coordinator in each of the health regions.

Future challenges for the PEI Pap Screening Program include continuing the development towards an organized provincial screening program with emphasis on increasing participation in regular Pap screening and the production of provincial screening guidelines.

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1. *INTRODUCTION*

1.1 Background

Cervical cancer is the 12th most common cancer among Canadian women; however, it ranks second among women aged 20-44.[1] Over 90 per cent of cervical cancer can be prevented by regular Papanicolaou (Pap) screening.[2] The Pap screening test is a simple and effective procedure for detecting precancerous conditions. Since the introduction of the Pap test, incidence and mortality rates from cervical cancer in Canada have steadily declined. In Canada, the incidence of cervical cancer declined 50 per cent between 1969 and 1990; deaths dropped by two-thirds. However, in the last ten years, the decline has leveled off, suggesting that the current ad hoc or opportunistic approach to screening has reached its potential.

Most Pap tests in Canada are performed in physician offices in which access relies on the individual woman's and/or her health practitioner's initiative. A reduction in mortality from cervical cancer is best achieved through organized provincial screening programs, as recommended by Canadian Task Forces in 1973, 1982, and 1989.

In October 2000, the Minister of Health and Social Services, Honorable Jamie Ballem, announced the establishment of the PEI Pap Screening Program, with the primary goal of reducing the incidence and mortality rates associated with cervical cancer in PEI. Prior to the formal establishment of the PEI Pap Screening Program in January 2001, much effort had gone into developing the groundwork for a formal organized screening program.

To better understand the barriers to Pap screening with Island women, focus group methodology was used in May 2000 to garner women's accounts of their experiences with Pap screening. Three key themes emerged: personal experience, system issues, and advice for improvement. Initiatives such as the establishment of the PEI Pap Screening Program, which oversees the development of an organized screening program, the Pap Awareness Campaign, and the Pap Screening Clinic have been put in place to address some of the barriers identified by Island women.

For more background information, please refer to PEI Pap Screening Program 2001 Report. This publication can be obtained from Island Information Service or by visiting the government Web site at ***www.gov.pe.ca/go/peipap***

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[1] Canadian Cancer Statistics, 2002

[2] Cancer Epidemiology and Prevention, Schottenfeld Ed. Oxford University Press, NY:1996.

1.2 Organized Cervical Cancer Screening Programs

In Canada, numerous recommendations have been made over the past 25 years to develop organized approaches to cervical cancer screening that include population-based recruitment and a quality management component, supported by a computerized information system. Organized programs for cervical cancer screening would increase the efficiency of screening, and enhance the management of abnormal tests.

An organized screening program meets the following criteria: [3] [4]

1. Organization
    - Facilities for performing tests, diagnoses, and treatments
    - Program structure and coordination
    - Referral system
    - Funding

2. Information Systems
    - Cytology database to provide screening history for each woman
    - Histology database to provide diagnostic information
    - Colposcopic database to provide follow-up information
    - Recall system to doctors for overdue Pap tests
    - Linkage with population registry for recruitment

3. Quality Assurance
    - Guidelines for screening, identify target population
    - Performance indicators for reports, ongoing evaluation and monitoring
    - Program follow-up of abnormal Pap tests ("failsafe" mechanism)
    - Training standards, quality control
    - Treatment options

4. Education and Recruitment
    - Pap Awareness Campaign
    - Education for Professionals
    - Educational Resources
    - Recruitment initiatives for women not screened regularly, and for unscreened women

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[3] Interchange 95 Cervical Cancer Screening Workshop, CMAJ 1996: 154(12) p. 1847-1853.

[4] Hakama, Chamberlain, Day et al. Evaluation of screening programs for gynaecological cancer. British Journal Cancer 1985; 52: 669-6734

1.3 Provincial Screening Activity

Organized screening programs, as described above, are in various stages of development in the provinces. Well established programs are in British Columbia and Nova Scotia, with recent progress in other provinces such as Alberta, Manitoba, Ontario, Saskatchewan, and Newfoundland. Table 1.1 highlights the progress of provinces toward implementation of the components of an organized screening program. No province has all of the components in place.

In Prince Edward Island, some of the essential components in support of an organized screening program in place are:

- centralized laboratory system with a computerized information system,
- network of family physicians that provide "opportunistic" access to screening,
- education and recruitment initiatives for unscreened and not regularly screened women
  - Pap Clinic and out-reach clinics that provides alternative access to screening
  - Pap Awareness Campaign
- formal program supported by an Advisory Committee, coordinator and established working groups,
- established set of performance indicators on screening coverage, quality assurance and management of Pap test results.

The components of an organized screening program that still need to be implemented in Prince Edward Island are:

- use of the computerized information system for recall notice to physicians for abnormal and overdue Pap tests,
- use of the computerized information system for recall notice to women for abnormal and overdue Pap tests,
- colposcopic database to provide follow-up information,
- provincial screening guidelines, program follow-up of abnormal Pap tests,
- education for professionals to enhance recruitment and quality assurance.

Table 1.1 Provincial Screening Activity, May 2003

SCREENING ACTIVITY	PEI	NS	NF	NB	QU	ONT	MAN	SASK	ALTA	BC
Organization: Program start date, Coordinator	2001 Heather MacMillan	1991 Margery MacIsaac	2003 Joanne Rose			1998 Robbi Howlett	2000 Brenna Shearer-Hood	2002 Yvonne Taylor	2000 Eileen Bell	1949 Dr. Jasenka Matistic
Information Systems: • Cytology database (provides ♀'s screening history)	✓ (1996)	✓ (1988)	✓ 18mo gap in data, 1999-2000		Pilot in Montr (16labs)	1996-40% of paps 2000-85% of paps	✓	✓	✓ design complete	✓ (1976)
• Histology database (diagnosis linked with cytology)	✓ (Bethesda)	✓ (Walton)	✓ (regional level)			(Bethesda)	(Bethesda)			✓ (Walton)
• Colposcopy data (follow-up linked with cytology)		✓1996-88%					in progress		report draft pilot	✓
• Recall system to MD's for overdue paps		✓	✓ongoing 1/4 labs			(2001pilot-letters →MDs)			✓	✓
• Population database (for individual recruitment)	✓	✓(1999 pilot-letters →♀)					✓			
Quality Assurance: • Screening Guidelines	every 2 yr	annual	annual			every 2yr	every 2yr		annual	every 2yr
• Program Report including performance Indicators	✓	✓	✓2003			✓	✓2003		✓	✓
• Program follow-up of abnormal paps		✓ Letters to MD since'96	✓ ongoing 1/4 labs							✓ Letters to MD
• Training Standards • Treatment Options		Nurse Manual Office Manual	Nurse & Cyto QA Manual,			✓	Policy and Procedures Manual		Standards and Guidelines	✓
Education and Recruitment: • Pap Awareness Campaign	✓(Oct 2000)	✓(Oct 1997)	✓(Oct 1999)			(Spring 2001)	✓			
• Education for Professionals		✓ website	✓ 1996-2002 prog			website	✓website		✓	✓BCCA website
• Educational Resources	✓	✓	✓			✓	✓		✓	
• Recruitment initiatives	- Pap Clinic - nurse practitioners	-honorarium for WWC -reg. resource network	-public recruit -comm. facilitators			-Nurse pract. in N. Ontario -immigrant ♀	- activity in RHA's		-peer educ. -minorities - activity in RHA's	-asian ♀ -aboriginal ♀ -correct. facility

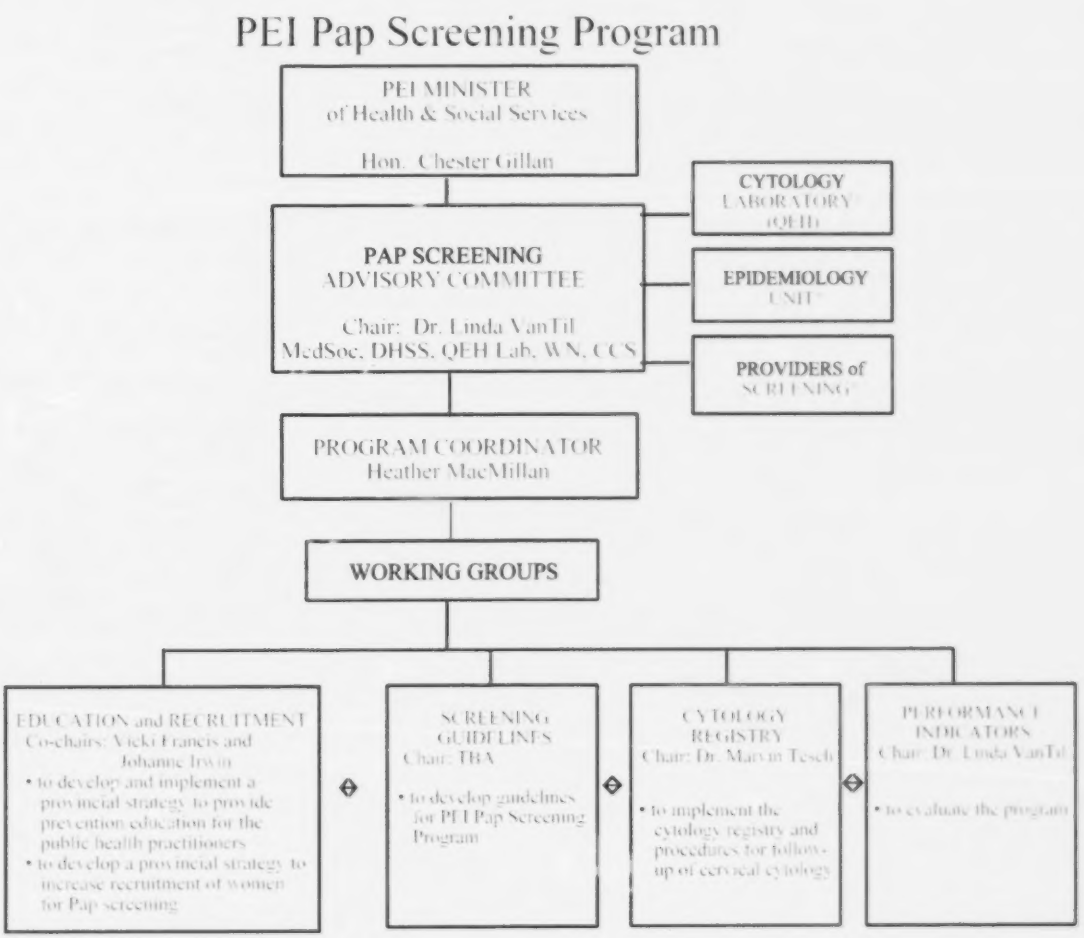
Source: CCPN Meeting, January 2001, updated May 2003

2. *PEI PAP SCREENING PROGRAM*

The inaugural meeting of PEI Pap Screening Advisory Committee was held on January 16, 2001. Structure of the program as recommended by the Committee was approved by the Minister of Health and Social Services on March 21, 2001.

2.1 Program Structure

The program structure described below was designed to provide coordination to the diverse responsibilities and interests in cervical cancer, and to provide accountability.


PEI Pap Screening Program
PEI MINISTER of Health & Social Services
Hon. Chester Gillan
PAP SCREENING ADVISORY COMMITTEE
Chair: Dr. Linda VanTil
MedSoc, DHSS, QEH Lab, WN, CCS
CYTOLOGY LABORATORY* (QEH)
EPIDEMIOLOGY UNIT*
PROVIDERS of SCREENING*
PROGRAM COORDINATOR
Heather MacMillan
WORKING GROUPS
EDUCATION and RECRUITMENT
Co-chairs: Vicki Francis and Johanne Irwin
• to develop and implement a provincial strategy to provide prevention education for the public health practitioners
• to develop a provincial strategy to increase recruitment of women for Pap screening
SCREENING GUIDELINES
Chair: TBA
• to develop guidelines for PEI Pap Screening Program
CYTOLOGY REGISTRY
Chair: Dr. Marvin Tesch
• to implement the cytology registry and procedures for follow-up of cervical cytology
PERFORMANCE INDICATORS
Chair: Dr. Linda VanTil
• to evaluate the program

* Support and assistance role to the Pap Screening Advisory Committee

The Pap Screening Advisory Committee provides recommendations in the development, implementation, and direction of the PEI Pap Screening Program. Members include representatives from the Department of Health and Social Services, the Provincial Pathology Laboratory, the PEI Division of the Canadian Cancer Society, the Medical Society of PEI, and the Women's Network PEI. Program activities are carried out by many parts of the health system, with additional initiatives developed by working groups and overseen by the Pap Screening Advisory Committee.

The working groups established include the Education and Recruitment Working Group, Screening Guidelines Working Group, Cytology Registry Working Group, and Performance Indicators Working Group.

2.2 Program Goals

As approved by the Pap Screening Advisory Committee on January 16, 2001, the goals of the PEI Pap Screening Program are:

- To reduce the incidence and mortality rates associated with cervical cancer in Prince Edward Island.
- To recommend appropriate practices covering all areas of an organized Pap screening program which includes recruitment, screening guidelines, computerized cytology registry, quality assurance, evaluation, follow-up notification and educational resources.
- To identify and overcome barriers which prevent regular Pap screening among women in PEI and to identify and implement incentives which encourage regular screening.
- To increase public knowledge of the need for regular Pap tests as a preventative health care measure and ensure sustainability of Pap Awareness Week Campaign.
- To increase awareness among health professionals of the need for regular Pap smears as a preventative health care measure.

3. *PROGRAM INDICATORS for PEI PAP SCREENING*

The program indicators available for this report are statistical measures of program performance. These indicators can be used to inform policy decisions, to assess program effectiveness, and to compare with other jurisdictions.

The indicators presented in this report include:

- Provincial participation rates for PEI
- Specimen adequacy
- Cytology results
- Follow-up recommendations
- Incidence of cervical cancer
- Mortality of cervical cancer

Additional detailed data on the indicators presented in this section are found in Appendix A.

3.1 Provincial Participation Rates for PEI

Participation in Pap screening programs are traditionally reported on an annual basis, to correspond with most physician recommendations. However, as organized screening programs are developing in Canada, there is interest in participation rates that correspond with provincial recommendations of every two years, and with national recommendations of every three years.

Table 3.1 provides the most recent provincial screening rates for all three screening intervals. These rates are monitored for women aged 20-69, since not all women under 20 or over 69 require screening. Pap screening is strongly associated with age. Table 3.1 demonstrates that participation in Pap screening decreases with age, regardless of the screening interval. In general, rates are highest among women in their reproductive years after which there is a period of decline.

Table 3.1 PEI Pap Screening Rates (Population percent by age group)

	Screening Period		
Age group	One year (2003)	Two years (2002-2003)	Three years (2001-2003)
20 to 34	44%	62%	69%
35 to 49	39%	59%	67%
50 to 69	37%	52%	57%
Total 20 to 69	40%	58%	65%

Figure 3.1 PEI Pap Screening Rates

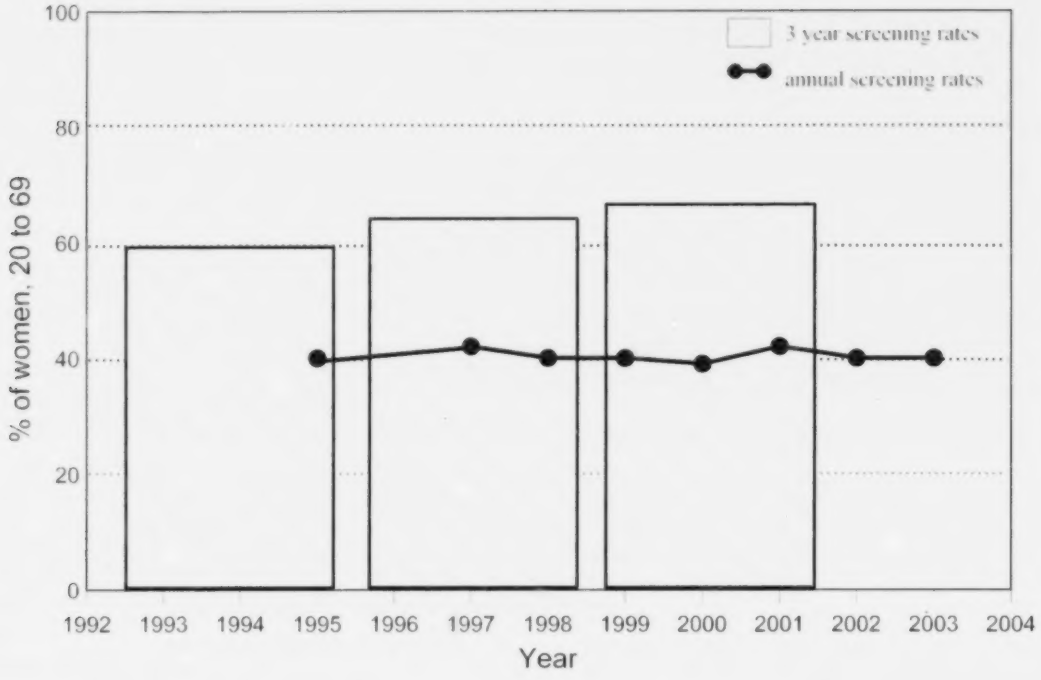


Figure 3.1 demonstrates the stability of PEI's annual screening rate. Each year, about 40 per cent of PEI women between the ages of 20 and 69 were screened with a Pap. This is similar to the annual screening rate described by Nova Scotia[5], where a program to increase screening was launched in 1991.

Figure 3.1 also demonstrates the slight increasing trend in PEI's three year screening rates. In the most recent three year period, 65 per cent of PEI women between the ages of 20 and 69 were screened with a Pap. This is similar to the rate described by Nova Scotia[5] for 1995 to 1997. This trend will be confirmed if the next three-year period (2002 to 2004) will be higher than 65 per cent - this will not be available until next year. Participation rates described in this report are more accurate than rates from surveys asking women to self-report their most recent Pap test. Most surveys of self-report provide socially desirable responses that tend to over-report screening.

Participation in Pap screening on PEI is far from complete. The program will identify more targeted initiatives to increase regular screening of PEI women, including activities within communities to increase awareness and participation.

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[5] Statistical Report 1995 - 1997, NS Gynaecological Cancer Screening Programme, October 1999

Table 3.2 demonstrates that participation in Pap screening varied by health region. The lower screening rates were still seen in East Prince and West Prince, when comparing the most recent one year rates, and the most recent three year rates. In all regions, the lowest screening rates are among women aged 50 and over. The regional screening rates for 2003 are similar to those described in the 2001 and 2002 Reports. The screening rates in East Prince and West Prince still show the lowest rates in all age groups, particularly 50 to 69 year olds. This age group will have to be targeted more thoroughly to increase rates.

Table 3.2 PEI Pap Screening Rates, 1 year period ending 2003 (%screened by Health Region and age group)

Age group	Health Region			
	WP	EP	Q	K
	2003	2003	2003	2003
20 to 34	41	41	45	46
35 to 49	34	34	42	42
50 to 69	31	28	41	41
Total 20 to 69	35	34	43	43
% screened in 3 year period (1999 to 2001)	58%	58%	68%	69%

3.2 Specimen Adequacy

Cervical smears are classified in the laboratory on the basis of their adequacy for interpretation: satisfactory, satisfactory but limited for interpretation, and unsatisfactory. Factors that limit the smear interpretation include blood, inflammation, poor fixation, contamination, or an inadequate number of cells. Table 3.3 demonstrates that 0.5 per cent of smears were unsatisfactory for interpretation in 2002. This is similar to the 0.3 per cent in Nova Scotia[5], and less than the 3 per cent reported in British Columbia[6]. Fluctuations in PEI's adequacy rates that are less than 1 per cent of Pap tests are the result of small changes in the actual number of inadequate tests from one year to the next.

Table 3.3 PEI Specimen Adequacy, by year (Rate per 1,000 Pap tests)

	Year					
	1998	1999	2000	2001	2002	2003
Satisfactory	834	843	850	872	866	874
Satisfactory, but limited	163	157	151	126	131	121
Unsatisfactory	2.5	0.7	1.3	2.1	3.8	5.4
Total # Pap tests	21,662	21,996	21,885	22,995	22,838	22,201

3.3 Cytology Results

The diagnostic results of all satisfactory smears are presented in Table 3.4. Diagnostic categories are based on the Bethesda classification. About 4 per cent of Pap tests have a result that involves low grade or high grade cellular changes. This is similar to the 2 per cent in Nova Scotia[5], and the 5 per cent reported in British Columbia[6] and Ontario[6]. These rates have been stable over the past six years.

Table 3.4 PEI Cytology Results, by year (Rate per 1,000 Pap tests, by age group)

	Year					
Cytology Result	1998	1999	2000	2001	2002	2003
Normal[1]	970	964	971	970	961	960
Low Grade Changes[2]	23	28	25	24	32	31
High Grade Changes[3]	7	10	6	5	8	6

[1] includes changes within normal limits and benign cellular changes
[2] includes LSIL, ASCUS, and AGUS non-suspicious
[3] includes HSIL, AGUS suspicious for malignancy, and carcinoma

3.4 Recommended Intervals for Follow-up

The laboratory report to the physician for each smear includes:
- the cytology result
- a recommended interval for follow-up.

The follow-up may involve another pap test, or other investigations such as colposcopy, biopsy, or clinical treatment. Recommendations are based primarily on the current cytology result, but may also be influenced by the patient's clinical condition and Pap test history. Table 3.5 presents details of recommendations by cytology result.

Table 3.5 PEI Follow-up Recommendations, 2003

	Follow-up Recommendation (# of Pap tests)				
Cytology Result	12 months	6 months	Post-partum	Other follow-up[4]	No Recom-mendation
Normal[1]	18808	5	1114	73	1095
Low Grade Changes[2]	157	349	33	279	3
High Grade Changes[3]	0	0	0	164	0
Unsatisfactory	31	1	3	82	4

[1] includes changes within normal limits and benign cellular changes
[2] includes LSIL, ASCUS, and AGUS non-suspicious
[3] includes HSIL, AGUS suspicious for malignancy, and carcinoma
[4] includes immediate, colposcopy/biopsy, further gyne investigation, as clinically indicated, after therapy

[6] 2000 CytoBase Report, Insctye Corp. 2001.

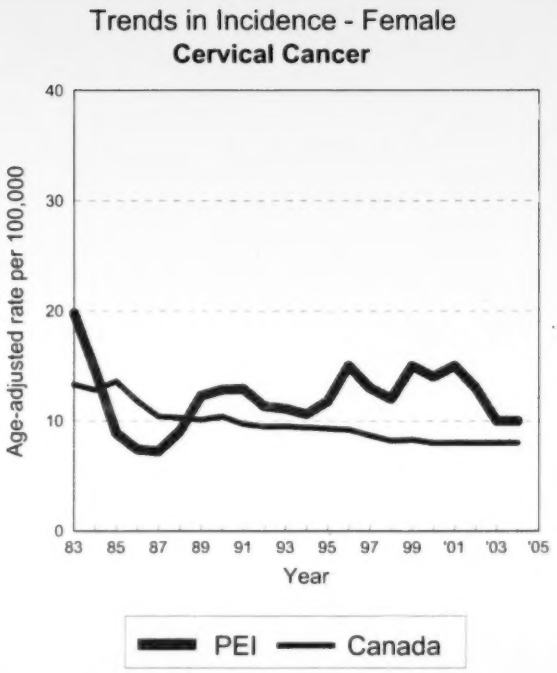
Overall, the laboratory reports provided recommendations for 95 per cent of the Pap tests, similar to 2001 and 2002. All Pap tests with results of high grade changes had a recommendation of immediate follow-up. Pap tests with results of low grade changes had the most variable follow-up recommendations. The majority had a recommended follow-up of six months. However, three with low grade changes had no recommended follow-up, and there was an increase in the number with a 12 month follow-up since 2002. The majority of Pap tests with normal results had a recommended follow-up interval of 12 months. Some confusion may ensue with other follow-ups of normal results, such as "as clinically indicated" that refers to the need for clinical treatment of an infection, but not for a repeat Pap test.

The follow-up assigned by the laboratory will need to be reviewed after the PEI Pap Screening Program adopts official screening guidelines. At that time, consideration should also be given to the laboratory software producing a default recommendation for normal results.

3.5 Incidence of Cervical Cancer

In Canada, the incidence of new cases of cervical cancer has been declining. In PEI, however, the rate has been increasing, as shown in the figure to the right. The most current estimate of the incidence rate is 13 new cases per 100,000 PEI women, compared to eight in Canada[7]. PEI has consistently had one of the highest rates of cervical cancer in Canada due mostly to low screening rates.

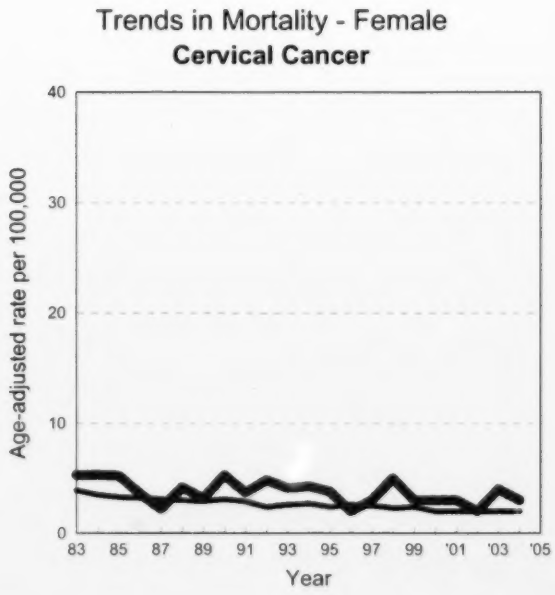
Reduction of PEI's incidence rate of cervical cancer is a long-term goal of the program. However, in the next five years, PEI can expect the rate to continue to increase as increased screening finds new cases.



3.6 Mortality of Cervical Cancer

In Canada and PEI, the mortality rate for cervical cancer has been stable, as shown in the figure to the right. The most current estimate of the mortality rates are three deaths per 100,000 PEI women, compared to two in Canada[8].

The PEI program expects to maintain the stable mortality rate, even as incidence increases, by ensuring follow-up. The long-term goal of the program is to reduce these preventable deaths.



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7 Canadian Cancer Statistics, Canadian Cancer Society & Health Canada, 2002

8 Cervical Cancer Screening in Canada: 1998 Surveillance Report. Health Canada, 2002.

4. *PROGRAM ACTIVITIES IN 2003*

The activities of the PEI Pap Screening Program in 2003 were carried out by the Program's Working Groups (see section 2), and were overseen by the Pap Screening Advisory Committee with support of the program coordinator.

4.1 Access for Persons with Disabilities

In the fall of 2002, the program supported an initiative to purchase a multi-functional examination table that could provide medical procedure access to not only women with physical disabilities but to any individual who requires supportive access (aging population, obesity, chronic disease conditions). The multi-functional examination table is located at the Four Neighborhoods Community Health Center. It is available for use by any family physician, specialist, health professional, and the Pap Screening Clinic by pre-booking. The Education and Recruitment working group coordinated a promotion piece with Island Focus and members of the Council for the Disabled that aired in November 2003 and an out-reach Pap clinic was also held. Further promotion to the community groups to encourage individuals to utilize this service is required.

4.2 2003 Pap Awareness Week Campaign

PEI's fourth Pap Awareness Week campaign was held October 20-26, 2003 to raise the awareness of the importance of regular Pap screening for the prevention of cervical cancer. The 2003 campaign maintained the visual identity of PEI's previous three campaigns. Messages and format were quite similar and the campaign was again coordinated with the Pap Awareness Week campaigns in Nova Scotia and Newfoundland. The media blitz and promotional materials had the key messages of:

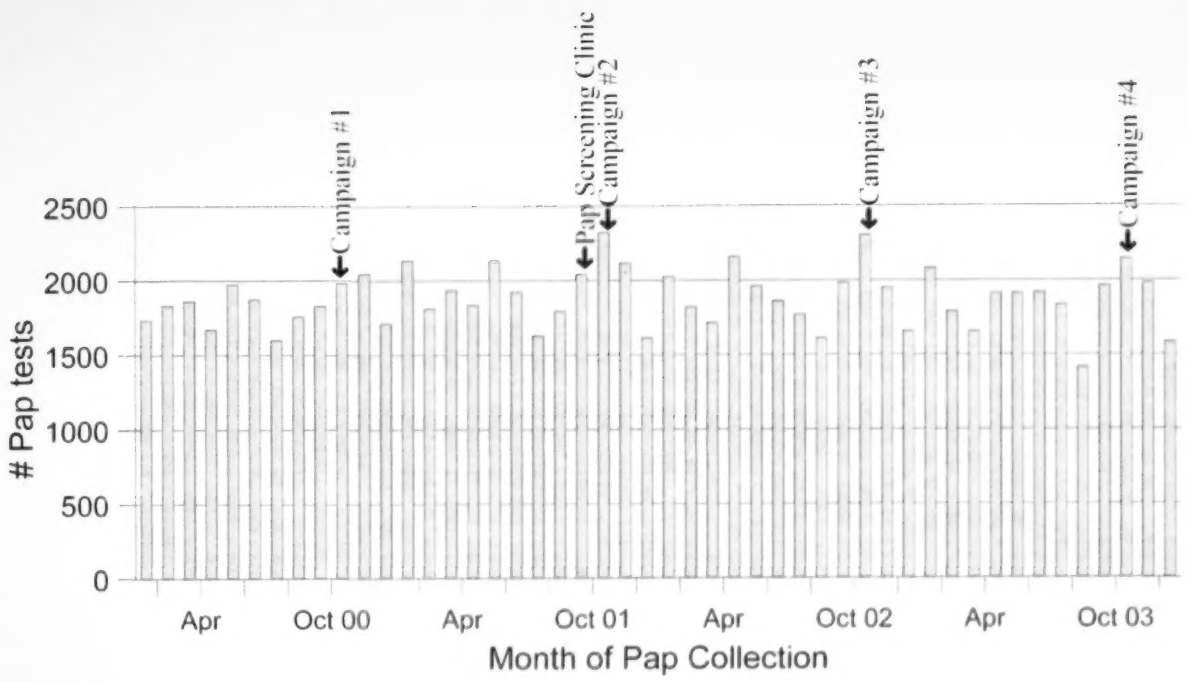
- Cervical cancer can be prevented.
- A pap test every two years can save your life.
- Call your doctor or the Pap Screening Clinic for an appointment.

Brochures, posters and magnets were distributed throughout the Island and the campaign had lots of newspaper advertisements, radio, TV ads for the upcoming out-reach PAP clinics as well as a few news stories. The campaign received a positive response. Note the increase in paps collected in the month of October in Figure 4-2. The campaign will continue with more emphasis given to recruitment initiatives.

Details of marketing and advertising are shown in Appendix B.

New in this year's campaign were a series of information sessions. The Federated Women's Institute of PEI and the PEI Pap Program joined forces to move women beyond awareness to action as part of the PEI Pap Screening Program's Pap Awareness Campaign held in October (see section 4.3).

Figure 4-2 Pap Collection



Monthly Collection of Pap Tests in PEI, January 2000 to December 2003

The campaign has demonstrated increased awareness of Pap screening among Island women. The impact on annual screening rates is small (see section 3). Since the opening of the Pap Screening Clinic in 2001, the campaign has produced October peaks in monthly screening. The October peaks in 2003 were slightly lower than the previous two campaigns. This may be the result of decreased budget (2003 was half the budget for 2002). Between budget reduction for the campaign and the repeated exposure to the same marketing materials we are seeing smaller peaks in screening as would be expected. This indicates some changes are required for 2004 campaign. To increase screening rates, the Pap Screening Program will need to look at a more integrated approach of engaging communities and removing barriers, as well as awareness campaigns.

4.3 Education and Recruitment Activities

The majority of activity this year revolved around supporting the promotion and advertisement of the out-reach clinics being held in each of the health regions. Newspaper and TV Ads gave a list of the pre-scheduled out-reach clinics (see Appendix B). The success of these indicated the ads had an impact on the out-reach clinics (see Appendix C).

This year the Federated Women's Institute of PEI and the PEI Pap Program joined forces to move women beyond awareness to action as part of the PEI Pap Screening Program's Pap Awareness Campaign held in October. The two groups collaborated to present an provincewide series of information sessions on Pap screening and hormone replacement therapy.

Information session were targeted to middle aged and older Island women, since they are the largest demographic of women currently not being screened. A direct personal approach by physicians and other health professionals has been shown to be the most effective method of motivating women to get screened. Physicians were present at the information sessions to deliver the messages to participate in regular screening. In addition to the physician message, there was a call to action by respected spokesperson, Honorable Marion Reid.

Four information sessions took place that coincided with the Women's Institute fall meeting schedules. Members were encouraged to bring their friends and relatives as sessions were open to the public. In total, 340 women attended. Each session had between 50 and 100 women.

> "*What a great presentation you all put on last night. It was so well presented. I was talking to my co-workers this morning and one of them said she hasn't been for one since 1998. I told her to get to a clinic or to your doctor. We were given a lot of good information in a very short time. Thanks again* !"
> - Queens Region

> "*Thank you for a wonderful presentation. I did not realize the importance of continuing to have regular Pap tests. It was great to understand what they do when they take a Pap test and why. I was also glad to receive the information on hormone replacement and be more aware of alternatives such as 'Lifestyle'.* "
> - Queens Region

The cervical cancer screening program coordinators/managers from the Atlantic provinces met to share recruitment activities and ways to collaborate for the annual Pap Awareness Week campaigns in Nova Scotia, Newfoundland and PEI. Plans are underway for campaign 2004 and a more in depth targeted approach to recruitment.

In October, the Pap Program coordinator held a display presentation at the Health Expo in Lennox Island. Many women were pleased to know that an out-reach clinic was being arranged in their community. Businesses were contacted to hold Lunch and Learn sessions at their facilities.

The program will continue to collaborate with each of PEI's health regions and other health community initiatives to increase public awareness and knowledge of the need for regular screening as a preventative health care measure, encourage participation by promoting and holding out-reach clinics, improve awareness about access for women with disabilities, provide resources, explore opportunities to collaborate with family health centers and implement more targeted recruitment initiatives to increase regular Pap screening.

4.4 Pap Screening Clinic

A model Pap Screening Clinic was launched September 6, 2001 in Cornwall, PEI. The goal of the clinic is to increase the number of women regularly screened with a Pap test by providing an alternative service to increase accessibility. Specifically, the clinic expected to provide Pap tests to women with at least a two-year interval since their previous Pap test.

Services provided at the clinic include:

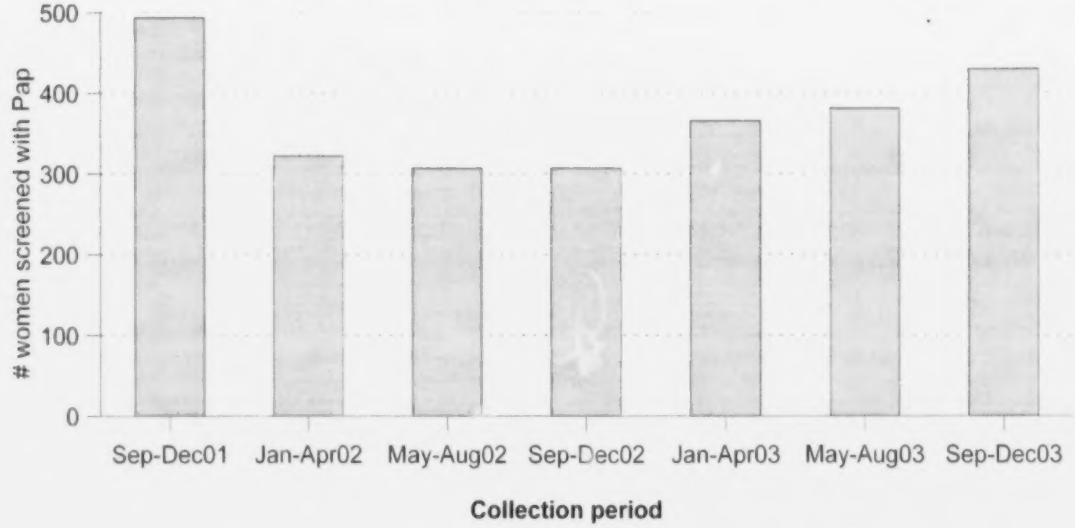
- Toll free number to book appointments: 1-866-818-7277(PAPS) as well as a local number, 368-2010.
- Pap test by one of two trained Registered Nurses
- Resource material for Pap and breast screening programs
- Pelvic exam by Dr. D.I. Stewart (for any woman who has indicated she is at risk of ovarian cancer or if Pap provider warrants his inspection)
- Letter with results mailed to women
- Copy of results to the family physician
- Contact with family physician to ensure follow-up
- Follow-up provided by Dr. D.I. Stewart (if woman is without a family physician)

The clinic does not provide breast exams. It does not replace a physical exam or other related services (such as birth control or hormone replacement therapy) that still require a visit to the family doctor.

Number of women screened:

In 2003, 1174 women had a Pap at the clinic or one of the out-reach clinics (5.2 per cent of all PEI Paps), an increase from 933 in 2002. The number of women screened by the clinic has been increasing since January 2003, when more outreach clinics were scheduled. The graph below indicates the number of women screened at either the Pap Clinic in Cornwall or one of the outreach clinics held in the health regions during the noted collection periods.

Number of Island women screened by Pap Clinic, September 2001 to December 2003



Out-reach clinics:
In response to the concern that the clinic was providing excess capacity in Cornwall, more outreach clinics were scheduled.

In 2002, 12 outreach clinics were arranged.
In 2003, 34 outreach clinics were arranged:
Souris(6), Alberton(3), Tignish(4), O'Leary(2), and Montague(3), Summerside(12), Crapaud(1), Lennox Island(1), Evangeline(1) and Charlottetown(1) (see table in Appendix C).

In 2003, 60 per cent (700/1174) of the Island women screened by the Pap Screening Clinic participated in an outreach clinic (33 per cent in 2002). Each outreach had on average 20 people attend the one-day clinics. Outreach clinics were held at the request of the health region, with the clinic providing the nurse, assistant, supplies, and paper work. Dr. D.I. Stewart was available for telephone consultation. The region was responsible for the facility, community advertising, and communication with physicians.

Under-screened women:
Under-screened women have not had a pap in the past two or more years. Under-screened women accounted for 42 per cent of PEI women between the ages of 20 and 69. Women over 50 are more likely to be under-screened than younger women.

Using the analysis of cytology lab data since September 2001, 65 per cent of women attending the clinic are under-screened, compared to the 25 per cent under-screened women tested in physician offices indicating the clinic is reaching the target audience.

The Pap Screening Program also identified a specific group of under-screened women not tested in physician offices: women with disabilities. The clinic now provides Pap screening to these women at the Four Neighborhood Health Centre in Charlottetown. More collaboration is needed with community groups to increase awareness of this service.

Cost:
The clinic budget is for $77,600 per year to provide clinic services three days per week.
In 2002, the cost per Pap was $78 ($77600/993). In 2003, the cost per Pap is expected to be about $66 ($77600/1174). The cost per Pap is higher in the clinic than in physician offices (about $30).

However, **the goal of the clinic is to provide Pap screening to under-screened women**. In 2003, the cost per under-screened woman is $100 in the clinic ($66/65%), and $120 in physician offices ($30/25%). The cost per Pap for **under-screened** women is **lower** in the clinic than in the physician offices, since more under-screened women use the clinic instead of physician offices.

Satisfaction:
93% of women attending indicated they would return to the clinic.
90% of women were pleased to get a letter with the results.

The ultimate measure of satisfaction will be the women returning to the clinic for a Pap after two years - this cannot be measured until 2004.

Age distribution of women attending the Pap Screening Clinic:

Age in years	2002	2003
under 20	2%	4%
20 to 34	20%	27%
35 to 49	32%	29%
50 to 69	39%	35%
70 or older	7%	7%

Pap Test Results:
Smear quality at the clinic was higher than the provincial average as is noted below. Diagnostic results from smears taken at the clinic were similar to the provincial average; about 4 per cent of Pap tests have a result that involves low grade or high grade cellular changes.

	Pap Screening Clinic (rate per 1,000 Pap tests)	Provincial Average (rate per 1,000 Pap tests)
Quality:		
• Satisfactory	946	866
• Satisfactory, but limited	52	131
• Unsatisfactory	2.0	3.8
Cytology diagnostic results:		
• Normal	965	961
• Low or high grade changes	35	39

Recommendations for enhancing clinic use:

- The majority of women attending the clinic were overdue for Pap screening: 65 per cent of the women attending had their last Pap two or more years ago. This clinic has proven successful at providing alternate access for under-screened women. Continued access for under-screened women is recommended.

- There is more than adequate capacity for both evening clinics and day clinics in Cornwall. To screen more women, outreach clinics must be scheduled in other locations. Improving awareness of the clinic needs to be in collaboration with the program's communication plan.

- At this time, there is no mechanism to address use of the clinic (or other locations) by regularly screened women. Clinic advertisements should continue to specify that the clinic is for women who have not been screened in the past two years as the recruitment of under-screened women is a priority.

4.5 Cytology Laboratory

PEI has one centralized laboratory for the interpretation of smears located at the Queen Elizabeth Hospital. Pathologists also provide histology results at this hospital, and the Prince County Hospital.

Cytology and histology results in PEI were computerized using the Laboratory Case Management System (LCMS), developed in 1996. The LCMS produces:

- case reports for each cytology and histology specimen
- annual summaries of Pap test adequacy for each physician
- laboratory summary of correlation between cytology and histology reports
- data for the Pap Screening Program's performance indicators

Upgrades to the system are still underway to allow for additional summary reports to physicians, and notification letters to women.

Turn around time for cervical smears is measured as difference between date the smear was collected, and date the laboratory report was finalized. This time does not account for the time required for the report to travel from the laboratory to the doctor's office, or the time required for the doctor's office to contact and discuss the results with the woman. Table 4.1 describes PEI's turn around time over several years. In 2003, the average turn around time was 12 days. This is similar to the 14 days reported in Nova Scotia[5], and well within the nationally suggested time of one month[1] that was reported in British Columbia[6].

Table 4.1 Cytology Turn Around Time, by year

	Year						
Turn Around Time	1997	1998	1999	2000	2001	2002	2003
Mean # of days	25 d	6 d	12 d	13 d	10 d	15d	12d

4.6 Performance Indicators

Performance indicators provide measures of program effectiveness and efficiency, providing the program with information for program management and accountability. Performance indicators on screening coverage and quality assurance of Pap tests have been established. The DHSS Epidemiology Unit used data from the laboratory's information system to measure performance. The indicators produced are found in Section 3 of this report. As well, the Epidemiology Unit has contributed toward the first national cervical cancer surveillance report. Other indicators will be added as data is available and the methods are developed[8].

5. *FUTURE CHALLENGES*

The PEI Pap Screening Program continues to work toward becoming an organized screening program. This requires ongoing activity that has been occurring, as well as the development and implementation of activities that have been identified by the working groups:

Education and Recruitment:

- targeted approach for recruitment of women who participate less in screening, high-risk and hard-to-reach women
- increase awareness of the program among health professionals
- investigate possible collaborations with Breast Health Program

Performance Indicators:

- establish a set of performance indicators on management of Pap test results

Screening Guidelines:

- implement provincial screening guidelines clarifying which women need screening and how often Pap tests should be done
- implement provincial notification guidelines for follow-up
- collaborate with the Medical Society of PEI on dissemination of provincial screening guidelines

Cytology Registry:

- ensure computerized system can provide a list to physicians of patients with abnormal tests, and can provide letters to women with abnormal tests
- incorporate PEI Screening Guidelines in the cytology registry
- ensure computerized system can provide a list to physicians of women overdue for screening, and can provide letters to these women

Pap Screening Clinic:

- explore opportunities to collaborate with family health centres
- ensure standardized provincial Pap test training for nurses

6. *APPENDICES*

Appendix A:	**Detailed Data for Program Indicators**
Appendix B:	**Marketing and Advertising**
Appendix C:	**Pap Screening Clinics 2003;** Number of women attending by location

Appendix A: Detailed Data for Program Indicators

Participation Data, 2003
(counts of women)

age group	# women screened	# women in population[1]	% screened
<15	7		
15-19	704	5,118	13.8
20-24	1,997	4,996	40.0
25-29	2,094	4,572	45.8
30-34	2,200	4,690	46.9
35-39	2,126	5,299	40.1
40-44	2,331	5,877	39.7
45-49	2,134	5,542	38.5
50-54	1,941	5,136	37.8
55-59	1,732	4,435	39.1
60-64	1,191	3,240	36.8
65-69	886	2,823	31.4
70-74	603	2,463	24.5
75-79	342	2,138	16.0
80-84	180	1,855	9.7
85+	89	1,943	4.6

[1] source: PEI Medicare Registry

2003 Follow-up Recommendations

Description of Laboratory code	Count of Pap Tests
one year	18,996
6 months	355
6 wk post partum	1,150
immediately	3
as clinically indicated	103
colposcopy/biopsy	17
further GYN investigation	472
after therapy	3
blank	1,102
TOTAL	22,201

Appendix B: Marketing and Advertising

PEI Campaign 2003

Material	Description	Distribution
Print Materials	- print ads were inserted into local papers to advertise some FACTS and outreach Pap clinics held on various dates in 2003 and information sessions with WI held in October along with a 'feature story'.	Provincewide - Guardian - Journal Pioneer - Eastern Graphic - Western Graphic - Western Community News Bulletin
TV Commercial	- three generations of women on the Trans Canada trail - 25 Prime Time airings on CBC for Oct 21-Jan 13; 40 ROS spots Jan 6-19	Provincewide on CBC
TV Ads	- key messages and dates for upcoming outreach clinics	Provincewide on TV Ads, TV Guide (held during Pap Awareness Week in October, again for one week in January, and in March/April)
Radio Commercial	- spots ran the week prior to and during Pap Awareness Week, PAW in October 2003 (41 ads) and again for two weeks in January 2004 (41 ads) as well as ads advertising out-reach clinics and information sessions	Island Radio C102 FM
Public Service Announcements	- messages to advertise outreach clinics, information sessions and specialty clinic for women with disabilities	Distributed to local print, TV and radio commercials to support community clinics during the year.
Brochure **Poster** **Magnets**	- message "You can prevent Cervical Cancer", "Regular Pap Tests Can Save Your Life" done in English and French - message "Regular Pap Tests can save your life" and "You can prevent Cervical Cancer"(English only)	In addition to regular distribution channels, posters, brochures, magnets were distributed in local communities at outreach clinics held during 2003. 5,000 magnets distributed
Community Ads	- Murphy's pharmacies distributed outreach schedules and Cervical Cancer facts	All customers received flyer with their purchases
Media Relations	- media release to announcing Pap Awareness Week, and others to advertise info sessions and outreach clinics	Local media, Women's Network, Regional/ Departmental/Medical Society newsletters

RADIO

2003 - 30 sec RADIO SCRIPT

FACT: Over 90% of cervical cancer can be prevented by regular Pap screening.

FACT: PEI has one of the highest rates of cervical cancer in Canada. WHY? Only 40 % of Island women are screened each year.

NOW YOU KNOW - PREVENTION IS KEY.

If you **have not** had a Pap in the last 2 years call your doctor or the Clinic in Cornwall. An out-reach Pap clinic is being held this [Wednesday at the Summerside Health Centre on Linden Avenue from 9-3.] Call the clinic at 1-866-818-7277.

[ ] Insert upcoming location(s)

Others facts:

Fact: Most cases of cervical cancer occur in unscreened or inadequately screened women.

Fact: Not having regular Pap tests is a major risk factor for cervical cancer. Your risk of cervical cancer is higher if you do not have regular Pap tests.

Fact: Many women believe they do not need a Pap if over child bearing age.

Fact: Cervical cancer has no symptoms

Fact: Women aged 18-69 should have a Pap at least every 2 years.

Sample Newspaper Ads

Fact: Over 90 per cent of cervical cancer can be prevented by regular PAP screening.

Fact: Prince Edward Island has one of the highest rates of cervical cancer in Canada. Why? Only 40 per cent of Island women are screened each year.

Now You Know!

If you have not had a PAP test in the last two years, call your doctor or the PAP Screening Clinic in Cornwall to make your appointment.

Upcoming out-reach PAP clinics:

• August 27	Montague Hospital
• September 10	Souris Hospital (out-patients)
• September 15	Alberton Hospital
• September 24	Summerside Health Centre
• October 8	Summerside Health Centre
• October 22	Tignish Co-op Health Centre
• October 29	Montague Hospital
• November 5	O'Leary Hospital
• November 12	Summerside Health Centre
• November 19	Souris Hospital (out-patients)
• December 3	Summerside Health Centre

Prince Edward Island Health and Social Services

PAP SCREENING for Life

To book an appointment for your PAP test call **368-2010** or toll-free **1-866-818-7277**.

Fait : On peut éviter plus de 90 % des cas de cancer du col de l'utérus en se soumettant régulièrement au test de dépistage de PAP.

Fait : L'Î.-P-É. a l'un des taux les plus élevés de cancer du col de l'utérus au Canada. Pourquoi? Seulement 40 % des femmes de l'Île subissent un test de dépistage chaque année.

Maintenant, vous êtes au courant!

Si vous n'avez pas subi de test PAP au cours des deux dernières années, communiquez avec votre médecin ou la clinique de dépistage de PAP à Cornwall afin de prendre rendez-vous.

Calendrier des cliniques mobiles de PAP :

• Le 27 août	Hôpital de Montague
• Le 10 sept.	Hôpital de Souris (consultations externes)
• Le 15 sept.	Hôpital d'Alberton
• Le 24 sept.	Centre de santé de Summerside
• Le 8 oct.	Centre de santé de Summerside
• Le 22 oct.	Centre de santé Co-op de Tignish
• Le 29 oct.	Hôpital de Montague
• Le 5 nov.	Hôpital de O'Leary
• Le 12 nov.	Centre de santé de Summerside
• Le 19 nov.	Hôpital de Souris (consultations externes)
• Le 3 déc.	Centre de santé de Summerside

Pour prendre rendez-vous pour subir un test de PAP à Cornwall ou dans une clinique mobile, téléphonez au 368-2010, ou sans frais au 1-866-818-7277.

Île-du-Prince-Édouard Santé et des services sociaux

PAP SCREENING for Life

NEWS RELEASE
For Immediate Release

Women's Institute & PEI Pap Program join forces to move women beyond awareness to action

Members of The Federated Women's Institute of PEI are being targeted throughout the month of October as a prime audience as part of the PEI Pap Screening Program's *Pap Awareness Campaign*. The two groups have agreed to collaborate to present an Island-wide series of information sessions on the importance of Pap screening. The latest information on hormone replacement therapy is also included in the evening session's agenda.

PEI Pap Screening Program coordinator, Heather MacMillan, is excited about this new initiative. "For the past three years the Program has tried to educate women about the importance of Pap screening and I believe we've done a good job. However, we need to move women beyond awareness to action," explained MacMillan. "What's exciting about *this* effort is our ability to speak directly to women. We are hoping that the sessions will motivate women to pick up the phone, make the appointment, and get tested."

The Pap Screening Education and Recruitment committee is tasked with educating and motivating Island women to have regular Pap Screening. Regular screening can prevent more than 90% of cervical cancer. Middle age or older Island women are the largest demographic of Island women currently not being screened. Many women (incorrectly) believe regular Pap screening may cease when they no longer require birth control or have experienced menopause. Similarly, many women who have had a hysterectomy assume their "Pap screening days" are over. A direct personal approach by physicians and other health professionals is shown to be the most effective method of motivating women to get screened. In addition to the physician message will be a call to action by respected spokesperson, Honorable Marion Reid.

The President of the Federated Women's Institute of Prince Edward Island, Iva Mutch, is pleased to be partnering with the PEI Pap Screening Program to urge women to get screened. "Our members have also expressed an interest in hearing the latest guidelines on hormone replacement therapy," noted Mutch. "Although very distinct, both are important topics for women; the sessions should provide a unique opportunity to learn and become more pro-active about their own health."

The information sessions take place 7:30 - 9:00 P.M. and coincide with WI's fall meeting schedules:

October 16 in Montague, Rodd Marina
October 21 in Charlottetown, Rodd Charlottetown Hotel
October 28 in Mill River, Rodd Mill River Resort
October 30 in Summerside, The Loyalist Country Inn.

WI members are encouraged to bring their friends and relatives as sessions will be open to the public. A fee of $3 will be charged to cover expenses.

-30-

For further information contact:
PEI Pap Screening Coordinator, Heather MacMillan (902) 368-4951

Flyer for distribution, display, and newsprint ads

ATTENTION ISLAND WOMEN

The Federated Women's Institute of Prince Edward Island & The PEI Pap Screening Program present,

Pap Screening & Hormone Replacement Therapy

Women's Health Information Sessions:
7:30 - 9:00 P.M. - Admission $3.00
October 16 - Rodd Marina, Montague
October 21 - Rodd Charlottetown Hotel, Charlottetown
October 28 - Rodd Mill River, Woodstock
October 30 - The Loyalist Country Inn, Summerside

You are invited to attend a special evening of information sharing presented by Island physicians, on the importance of regular Pap Screening, and answers to your concerns surrounding hormone replacement therapy (HRTs). Pap spokesperson, Honourable Marion Reid will also be in attendance with a special message for Island women.

For more information:
The Federated Women's Institute of P.E.I., ph. 368-4860
Heather MacMillan, Coordinator,
Pap Screening Program, ph. 369-4951

Special thanks to the Medical Society of Prince Edward Island, and the Department of Health and Social Services for their contribution and coordination of these sessions.

Come and learn about these two important health issues for women.

Draft release – October 20, 2003
For immediate release

Island Woman Enjoying Life after early Pap Test Detection

A number of years ago, Charlottetown resident Patti Costello learned that early screening for cervical cancer was a life saving experience.

As early as her late teens, Patti's mother Betty Arsenault encouraged her daughter to undergo annual pap tests. After a number of years of normal test results, Patti learned that her results were starting to show some abnormalities.

Patti says, "As a teen, I didn't always listen to my mom's advice however this is one time that I am glad I did. I realize by her encouraging me to go yearly for that pap test, it has saved my life."

Patti was living in Toronto when she found out that she moved from level one to level three pre-cancerous cells in her cervix. Then in 1989, she received laser treatment. After 9 months, the treatment resulted in the growth of healthy cells in her cervix.

The laser treatment wasn't painful for Patti. She felt it was scarier when she initially found out that she had abnormal cell growth but decided it was best to focus on understanding what was happening to her.

Following the laser surgery, Patti moved to Edmonton to work in a new job. Her progress was monitored at the Cross Cancer Hospital in Edmonton and a group of medical students at the hospital were pleased to learn about the process Patti underwent to regain her health.

Fourteen years later, Patti is back on PEI and is a healthy woman working as the Revenue Development Director for the PEI division of the Canadian Cancer Society. She finds her role very fulfilling as she contributes to raising funds to support cancer prevention and treatment. "I now know that through early detection of abnormalities, I had a better chance to live a healthy life," said Patti.

"I've learned first hand that not everyone dies when they get cancer," noted Ms. Patti. "I've also learned that cervical cancer doesn't have any symptoms in the early stages. Without ongoing tests people may not realize that they may be headed for health problems which could be avoided."

Having regular Pap tests can prevent over 90% of cervical cancer. Unlike other tests which look for cancer, the Pap tests finds cell changes in the cervix before they become cancerous. Each year, 6 out of 10 Island women do not get Pap tests and the risk of cervical cancer is higher if women do not get regular tests.

A pap test is a simple screening test that finds cell changes in the cervix before they become cancer. The test is conducted by a physician or trained nurse, is simple and only takes a few minutes.

Women are encouraged to have Pap tests by the age of 18. The test should be repeated at least every two years until age 70. Women who have had a hysterectomy (removal of the uterus) may still need pap tests and should check with their doctor.

It takes many community partners to effectively promote health awareness and the active involvement of people in personal health management.

The Women's Network of PEI, a broad-based group of community organizations, promotes health prevention and promotion through the broad determinants of health and utilizes a community-based approach. The group holds a strong consensus that the most important influences on children and youth development are families, schools and communities. In Patti's case, it was the support and encouragement of her mother that saved her life.

Pap Screening Program coordinator, Heather MacMillan noted "For the past three years the program has focused on increasing awareness about the importance of Pap screening and I believe we've done a good job. However, we need to move women beyond awareness to action," explained Heather. "We are hoping that current community information sessions to speak directly to women as well as many Out-reach Pap clinics happening throughout the Island (Paps performed by a trained registered nurse) will motivate women to pick up the phone, make a Pap appointment, and get tested as well as encourage them to spread the word to others. Prevention is Key!"

Special Women's Health Information Sessions given by Island physicians are being held 7:30-9pm on **Pap Screening and Hormone Replacement Therapy**, HRT: Rodd Charlottetown Hotel Tues. Oct.21; Rodd Mill River, Tues. Oct.28; and Loyalist Inn Summerside Thurs. Oct 30. For more information contact Heather MacMillan 368-4951.

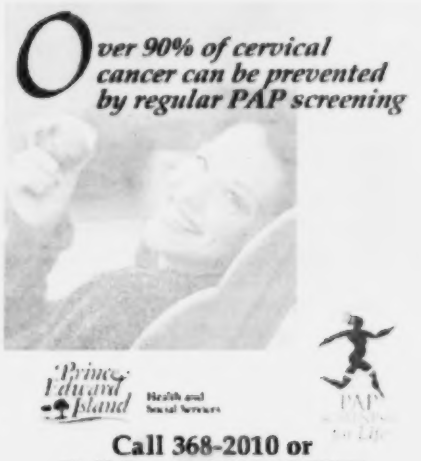
Women are encouraged to make a pap screening appointment by calling their family physician, through the Pap Screening Clinic at 368-2010 or toll free at 1-866-818-7277 (PAPS).

October 20 to 26 is Pap Awareness Week in PEI.

-End-

Media contact: Rod Stanley – 894-0172.

TV ADS


Over 90% of cervical cancer can be prevented by regular PAP screening
Prince Edward Island
Health and Social Services
PAP
Call 368-2010 or
Toll Free 1-866-818-7277

Only 40% of Island women are screened each year.
Prince Edward Island
Health and Social Services
PAP
Call 368-2010 or
Toll Free 1-866-818-7277

Upcoming Out-Reach PAP Clinics:
PAPs are performed by a trained registered nurse
September 24 - East Prince Health Centre, Summerside
October 8 ~ East Prince Health Centre, Summerside
October 22 ~ Tignish Co-op Healthy Centre
October 29 ~ Montague Hospital
Prince Edward Island
Health and Social Services
PAP
Call 368-2010 or
Toll Free 1-866-818-7277

Upcoming Out-Reach PAP Clinics:
PAPs are performed by a trained registered nurse
October 8 ~ East Prince Health Centre, Summerside
October 22 ~ Tignish Co-op Health Centre
October 29 ~ Montague Hospital
November 5 O'Leary Hospital
Prince Edward Island
Health and Social Services
PAP
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November 12 ~ East Prince Health Centre, Summerside
November 19 ~ Souris Hospital (Outpatients)
December 3 ~ East Prince Health Centre, Summerside
PAPs are performed by a trained registered nurse
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Health and Social Services
PAP
Call 368-2010 or
Toll Free 1-866-818-7277

Appendix C: Pap Screening Clinics 2003; Number of women attending by location

PAP SCREENING CLINICS 2003 (# women attending by location)											
Month	Cornwall Pap Clinic	S'side	O'Leary	Tignish	Alberton	Souris	Montague	Crapaud*/ Gulfshore	Evan-geline	Lennox Island	Poly-clinic
Jan	50	24				28					
Feb	47	20 10	24			28					
Mar	42	22				8					
Apr	47	19		27	25						
May	46	24									
June	35			24		16					
Jul	20	12		19	14		27				
Aug	48	14					26				
Sept	54	23			13	26					
Oct	68	26		23			20			18	
Nov	75	25	29			26		25*	12		9
Dec	38	14									
Totals	570	233	53	93	52	132	73	25	12	18	9

TOTAL - Pap Clinic 570 + Outreach 700 = 1270 PAPS (includes 1174 Island women plus out-of-province woman and women having more than one Pap during 2003)

Note: Numbers are from Pap Screening Clinic log book